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Country programme recommendation**

Cameroon

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Cameroon for the period 2003 to 2007 in the amount of $13,428,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

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Contents

		Page
	The situation of children and women	3
	Programme cooperation, 1998-2002	3
	Recommended programme cooperation, 2003-2007	5
List of tables		
1.	Basic statistics on children and women	13
2.	Expenditure under previous cooperation period, 1998-2002	15
3.	Planned yearly expenditures	16
4.	Linkage of programme budget and staffing/staff costs	17

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.3).

2. The main constraints impeding the attainment of children's and women's rights are the following: (a) despite a gross national product per capita of $668 and economic recovery since 1996, pervasive poverty affects 51 per cent of the population; (b) a rise in both the infant and under-five mortality rates; (c) continued low access to quality basic social services, with important geographic and gender disparities; (d) HIV/AIDS is increasing exponentially and high-risk behaviours persist among young people; and (e) the national policy framework addressing these problems needs to be reinforced.

3. Debt servicing as a percentage of export goods and services stands at 21 per cent. Under the Highly Indebted Poor Countries (HIPC) initiative, funds are expected to be allocated to priority sectors including health, education and rural development. Cameroon's Poverty Reduction Strategy Paper is being finalized.

4. The Committee on the Rights of the Child reviewed Cameroon's initial report in October 2001 and recommended the harmonization of national legislation with the Convention on the Rights of the Child; the institution of mechanisms to improve coordination of its implementation; the development of ways to assess the impact of budgetary allocations on the implementation of children's rights; raising the minimum age of marriage for girls; and the systematic registration of all births. Other recommendations included addressing the causes and incidence of violence against children, to end and prevent them, and taking measures to combat the exploitation and trafficking of children. Several of these recommendations will be taken into account in the proposed country programme.

Programme cooperation, 1998-2002

5. The country programme for 1998-2002 (E/ICEF/1997/P/L.1/Add.1) provided for national coverage with area-based activity in some programmes. The programme originally comprised four sectoral programmes with a fifth added following the 1999 annual review meeting. The programmes were for health and nutrition; basic education; social policies and statistics; advocacy and social communication; and HIV/AIDS.

6. The programme successfully contributed to end-decade goals for the reduction of iodine deficiency disorders and dracunculiasis, but Cameroon did not attain the overall levels set out at the World Summit for Children due to socio-economic deterioration and reversals. Nevertheless, important progress was made in terms of process as well as within certain outcome areas.

7. The health and nutrition programme worked to reduce child mortality and morbidity through immunization against vaccine-preventable diseases, micronutrient supplementation and dracunculiasis eradication. The programme supported the development of "child-friendly" health policies, specifically with regard to reproductive health, the expanded programme on immunization, malaria control and the integrated management of childhood illnesses (IMCI). The northern province of

Adamawa, which has lower rates of access to health services than the national average, served as the focus of activity. During the programme period, overall vaccination coverage in Adawama approached the national mean, following the previous five-year period when it lagged behind significantly; for instance, coverage rates for measles immunization nationally and in Adamawa differed by 21 percentage points in 1998 but only by three points in 2000.

8. The basic education programme also saw significant results in the development of policies and strategies, including a conceptual framework for non-formal basic education and the decision, in conjunction with the HIPC initiative, to make primary schooling free of charge. Working in disadvantaged geographical areas, the programme instituted the "child-friendly, girl-friendly schools" initiative, which supported quality education and contributed to a 25-per-cent increase in girls' enrolment in non-formal basic education centres.

9. The social policies and statistics programme developed major compendia of social data and furthered "child-friendly" decision-making through the production of data disaggregated by sex and by province. The programme undertook a study on spending in relation to the 20/20 Initiative and played an active role in the national discussion on poverty reduction, in conjunction with the HIPC initiative. It also produced several studies related to child protection that contributed to the limited repository of knowledge in this area. Mechanisms for increased programme coordination and the development of an integrated monitoring and evaluation plan were put in place. Further, a final evaluation of the basic services subproject for Baka children noted marked improvement in their access to and use of basic social services.

10. The advocacy and social communication programme contributed to the improved legal and institutional framework for children, in conformity with the Convention on the Rights of the Child. The programme supported the production of the long overdue initial report and a complementary report to the Committee on the Rights of the Child, as well as preparations for the harmonization of national legislation with the Convention, including the development of a national family code and the creation of a children's parliament.

11. The HIV/AIDS programme made progress through advocacy for a multisectoral approach to AIDS control, a strategy which was adopted by the national AIDS prevention programme; the introduction of both a life-skills approach and vulnerability mapping by young peer educators; extension of activities for prevention of mother-to-child transmission of HIV from pilot centres to other health facilities; and strengthened ties with civil society organizations (CSOs) active in the fight against AIDS in major urban centres.

12. The second common country assessment (CCA) was undertaken in 2001 and the United Nations Development Assistance Framework (UNDAF) commenced in 2002. The members of the United Nations Development Group (UNDG) Executive Committee have agreed to harmonize their programme cycles beginning in 2003.

Lessons learned from past cooperation

13. The lessons learned, derived from the participatory programming process and validated at the strategy meeting with partners from the Government, the United

Nations system and non-governmental organizations (NGOs), remain essentially the same as described in the country note. The largely sectoral approach adopted did not achieve the desired results and a more integrated approach appears warranted; and because the dispersal of sectoral activities at the field level precluded synergy, establishing a convergent zone for such activity will encourage better and more sustainable results.

Recommended programme cooperation, 2003-2007

Regular resources: $13,428,000

Other resources: $8,000,000

Estimated programme cooperation, 2003-2007[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Integrated young child survival and development	3 357	2 400	5 757
Basic education	3 357	2 000	5 357
Adolescent participation and development	2 014	1 800	3 814
Child protection	1 343	1 800	3 143
Planning, evaluation and communication	2 148	-	2 148
Cross-sectoral costs	1 209	-	1 209
Total	**13 428**	**8 000**	**21 428**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

14. The Ministry of Public Investment and Regional Development is coordinating the preparation of the new programme through a fully participatory process involving the Government, United Nations agencies, multilateral and bilateral organizations and NGOs. The programme is based on the findings of a rights-based situation analysis, lessons learned from past cooperation and a results-based approach. A strategy meeting held in September 2001 validated the approach and strategic orientation of the programme.

Country programme goals and objectives

15. The goal of the country programme is to contribute to the creation of an environment where children's rights to survival, development, protection and participation will be fulfilled. The results-based programme design led to the development of outcomes anticipated by the end of the programme cycle, articulated as four strategic intentions: (a) improved integrated young child development; (b) increased access to basic education, with reduction of disparities, especially related to gender, and improved educational quality; (c) empowerment of and participation by adolescents in their own development, with reduced transmission of

sexually transmitted diseases (STDs), including HIV/AIDS; and (d) the recognition, respect, protection and monitoring of children's rights, with appropriate services ensured for children with special protection needs.

Relation to national and international priorities

16. The country programme has been developed within the framework of the Government's social policy priorities; interim poverty reduction strategy priorities for health, nutrition, education, AIDS prevention and commitments under the 20/20 Initiative; and sectoral development strategies. It will contribute to the goals and strategic priorities of the UNDAF (which takes into account the Millennium Development Goals), notably those for population, development growth, good governance and capacity strengthening, and education for all. UNICEF cooperation will address these priorities in accordance with its mandate and in light of its comparative advantages and experience in Cameroon.

17. The programme emphasizes all of the priorities expressed in the UNICEF medium-term strategic plan for 2002-2005, as well as the regional acceleration plan and the core corporate commitments in emergencies.

Programme strategy

18. The programme strategy remains essentially the same as described in the country note. The programme's choice of priorities is a direct result of the main problems impeding the realization of children's and women's rights identified in the situation analysis and CCA. The rights-based approach to programming adopted for the country programme led to a holistic vision of child survival, development, protection and participation and resulted in the strategic decision to undertake a life-cycle programme approach. An integrated approach is expected to lead to greater impact as problems will be addressed through multisectoral strategies. Using a results-based approach, progress will be more easily measured against expectations.

19. The country programme will be national in scope, but specific programmes will focus on zones of intervention according to data currently available on the extent of problems confronting children and women. The province of Adamawa will be the zone where all programmes will converge and serve as a demonstration area before programmes go to scale. Prior activities in Adamawa focused on the health sector, but the province continues to have lower than average rates of access to basic social services. The country programme intends to reverse this trend through a convergence of all programme areas; community-based, child-focused activities; and a systematic building on prior experience. Health and education will serve as entry points for interventions at family and community levels. A strategy will be developed for dialogue with government and other partners on how to replicate results from Adamawa nationally. An environmental impact assessment will be conducted prior to the finalization of the master plan of operations.

20. The country programme comprises three age-specific programmes related to early childhood, childhood and adolescence, and two cross-cutting programmes. Communication for development will be an integral component of each programme, with advocacy, social mobilization and communication for behavioural change undertaken according to the outcome sought. HIV/AIDS interventions will be cross-

cutting and will be addressed at the two points of greatest risk in the life cycle, the antenatal period (to prevent mother-to-child transmission) and adolescence, as well as in educational programmes and through special protection mechanisms. As additional resources become available, interventions will be extended to infected mothers.

21. **Integrated young child survival and development.** The programme aims to improve the integrated development of the young child, with expected results including: (a) improved young child survival and reduced maternal mortality; (b) strengthened family and community-level capacities to prevent nutritional problems in mothers and young children and to facilitate the young child's integrated development; and (c) the establishment of an institutional framework for integrated programming for the young child. The programme has two projects, on maternal and young child health and nutrition, and on early stimulation and learning. The Ministry of Public Health will be the main implementing agency, with the Ministries of Social Affairs and Education being key contributing partners.

22. The programme will use a combination of strategies, including high-level advocacy for basic social-service delivery and technical support for the development and application of a national policy for integrated young child development. Capacity-strengthening at the national level will facilitate the development of an integrated plan to ensure efficient and effective responses to benefit young children and mothers in emergencies, including epidemics, natural disasters or complex emergencies. The strategy will extend to the intermediate level in Adamawa where capacity-strengthening will focus on provincial health, education and social affairs delegations. Strengthening the capacities of families and communities to provide health care for young children and mothers, including nutrition and hygiene practices, and to ensure the integrated development of the young child, will occur primarily in Adamawa. Improving service-delivery systems will build on experiences with National Immunization Days and control of measles and maternal and neonatal tetanus and will serve to strengthen routine immunization nationally, where 80-per-cent coverage will be expected in every health district for all routine antigens. The programme will pay particular attention to building technical capacities to develop a quality-control system for vaccines from procurement to administration, in order to support government partners who currently handle all vaccine purchasing for routine immunization activities.

23. In Adamawa, the strategy will focus on ensuring the minimum care package of services, building on achievements in the previous cycle, emphasizing essential obstetrical care, vitamin A and iron supplementation and IMCI. The strategy will extend to the prevention of HIV transmission from mother to child in high-prevalence areas, identified via vulnerability mapping. Improving the quality of basic social services will include community-based training for health and pre-school professionals, providing equipment to health and community-based day-care centres and the rehabilitation of infrastructure, including latrines and water points. Overall, enrolment in community-based day-care centres will increase by 50 per cent and in pre-schools by 25 per cent, and the proportion of parents using good care practices will increase by 30 per cent. To ensure integration, coordination at different levels will be essential. Community-based activities organized through the Bamako Initiative will help to strengthen access, quality and sustainability. Implementing partners will include the United Nations Population Fund (UNFPA),

the World Health Organization, CARE, Helen Keller International, the national Red Cross, national NGOs and international service organizations.

24. **Basic education.** The programme will support implementation of the sectoral strategy for education in order to reduce disparities in primary-school completion and, in the zones where the "child-friendly, girl-friendly schools" approach commenced during the previous cycle, contribute to increasing enrolment, helping girls to stay in school and improving the quality of instruction. The programme's expected results are: (a) a strengthened institutional framework for implementation of the education sector strategy; (b) increased girls' enrolment rates in the intervention zones by at least 15 per cent; and (c) improved quality of primary education in the intervention zones, facilitating parity in performance between the sexes. The programme includes two projects, access to education and quality education. The Ministry of Education will be the main implementing agency, with the Ministries of Women's Affairs, Social Affairs and Health being key contributing partners.

25. This programme will use four main strategies. Advocacy among opinion-leaders and decision makers will be based on country-specific educational data, as well as positive experiences from other countries. Community mobilization will use community leaders and mass and local media as communication channels for key messages regarding children's and women's rights, life skills, HIV prevention and children with special protection needs. National-level capacity-strengthening will emphasize planning, management, monitoring and coordination and will include policy formulation and improving curricula, teaching methodologies and educational supervision to ensure gender sensitivity and non-stigmatization of children with special protection needs. Formal and non-formal educational administrators, principals and teachers will benefit from training courses and workshops on the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, the gender approach, life skills, educational evaluation, strategies for decreasing repetition and programmes for children with special protection needs. Service delivery will encompass the local production of appropriate educational materials; the provision of school materials and equipment in selected schools and centres; rehabilitation of infrastructure including classrooms, latrines, water points and play areas; and technical and financial support to community initiatives. Using a participatory approach, community empowerment will encourage ownership and encompass training for parents. Implementing partners will include the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Food Programme, as well as such national and international NGOs as Plan International and Care.

26. **Adolescent participation and development.** Focusing on a new area of cooperation, the programme will contribute to the creation of an environment favourable to adolescents' participation and development in order to reduce their vulnerability, specifically to STDs and HIV/AIDS due to risky behaviours. Expected results include: (a) the development of a legal, institutional and community-level environment favourable to adolescent health and development; (b) participation by adolescents in the decision-making process in intervention zones, with their concerns considered at the national level; (c) 25 per cent of adolescents in intervention zones will acquire appropriate knowledge and adopt less risky behaviours related to STDs and HIV/AIDS; and (d) 50 per cent of adolescents in intervention zones will have access to "adolescent-friendly" health and social

services, including counselling and voluntary STD/HIV testing. Two projects make up the programme: HIV prevention, and counselling and life skills. The Ministry of Education will be the main implementing agency, with the Ministry of Youth and Sports being a key contributing partner.

27. The programme will use several strategies. Advocacy will encourage the establishment of a national youth policy and the formalization of national and community-level mechanisms for youth expression, notably health clubs, "youth-friendly" information, education and counselling centres, the children's parliament and the national youth council. UNICEF will advocate the incorporation of the results of these expression mechanisms into national and community-level decision-making. Empowerment of young people will start at the community level in intervention areas. Information on the transmission of HIV/AIDS and the results of behavioural studies and risk mapping will be used to develop materials and messages for use in interpersonal communication by peer educators acting as change agents. Capacity-strengthening will be utilized primarily in intervention zones, addressing life-skills education in primary and secondary schools, universities and for out-of-school youth, and sensitizing health professionals to a "youth-friendly" approach. Service delivery in intervention areas will facilitate the creation of mechanisms for the expression of adolescents and people living with AIDS that are conducive to their health and development. Also in intervention areas, voluntary testing centres will be established with active participation by young people in general, especially those living with AIDS. Parents will be involved in sensitization and information activities related to voluntary testing. Partners will include the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, UNFPA, Belgian Cooperation, the German Agency for Technical Cooperation (GTZ), the Netherlands Development Organization (SNV) and the Peace Corps (United States), as well as national and international NGOs.

28. **Child protection**. Also new to the programme of cooperation, the programme aims to strengthen the legal and institutional framework to support implementation of the Convention on the Rights of the Child, and to help to strengthen service delivery for priority vulnerable groups to ensure their social inclusion. Expected results include: (a) the establishment of a legal and institutional framework for the promotion, protection and fulfilment of child rights; and (b) the provision of social services for children with special protection needs, and their social reinsertion. The programme includes two projects, on the judicial and institutional framework and on vulnerable groups. The Ministry of Social Affairs will be the main implementing agency, with the Ministries of Justice and Territorial Administration, as well as NGOs, being key contributing partners.

29. The first project will be national in scope and will extend to all children. The second project will be largely limited to major urban centres where child protection problems are most acute. In the light of government priorities, the recommendations of the Committee on the Rights of the Child and the limited availability of funds, four categories of children have been identified for initial participation: those living or working in the street or in conflict with the law, orphans and vulnerable children due to AIDS and exploited children. The latter is a broad grouping that will permit course adjustments as data become available on children with special protection needs, such as child trafficking victims.

30. Four main programme strategies will be adopted. Advocacy will encourage respect for children's rights. Interministerial collaboration and strengthening of partnerships will be especially important given the limited national experience in the area of child protection and dual implementing agencies. This will extend to the multiple ministries that are duty bearers with regard to child rights, as well as to CSOs and the international community. Strengthening institutional capacities will focus on ministries in the areas of training, planning, improvement of knowledge, coordination, monitoring and community awareness. The strategy will facilitate monitoring of the number of incarcerated children and of those in alternate structures. Service delivery will allow the rehabilitation of five existing centres that provide for the reception, re-education and training of youth. Implementing partners will include the International Labour Organization, the Office of the United Nations High Commissioner for Human Rights and French Cooperation, as well as national and international NGOs.

31. **Planning, evaluation and communication**. The programme will improve the availability and utilization of data relating to children and women for use in decisions regarding social programmes in their favour, and will promote the adoption of policies and behaviours at all levels favourable to respecting the rights of children and women. The expected results are: (a) the adoption of attitudes, practices and behaviours conducive to respecting child rights by participating populations and organized groups; and (b) the availability and use of data on children and women in the development and the monitoring of social policies and programmes. The programme comprises three projects, on social statistics, on planning and evaluation and on communication. The Ministry of Public Investment and Regional Development will be the main implementing agency, with the Ministries of Economy and Finance and Communication being key contributing partners.

32. The programme will adopt three principal strategies. Capacity-strengthening will facilitate the efficient use of survey methodologies, data analysis and mapping of indicators, and will allow the adoption of a participatory approach to research. National counterparts will be supported in strategic planning and in the development of "child-friendly" policies and strategies, especially in relation to poverty reduction strategy priorities. Training will also be undertaken for personnel involved in programme execution for a more systematic incorporation of gender issues, as will communication training for change agents at various levels. Intersectoral collaboration will be sought to establish a coordination mechanism for a concerted approach to data analysis, advocacy for social policy development and communication for development, as well as the development of indicators. Use of various communication channels and tools will facilitate communication with partners and with participating populations in urban and rural settings. Systematic documentation and information sharing will facilitate exchange of positive programme experiences. Implementing partners will include the Food and Agricultural Organization of the United Nations, UNESCO and the Cameroon Social Marketing Programme (PMSC), the local affiliate of Population Services International.

33. The planning, evaluation and communication and child protection programmes, grouped into one strategic intervention, are cross-cutting in nature and will work closely with the other programme areas.

Monitoring and evaluation

34. A results-based management approach has been adopted to systematically monitor progress and evaluate performance for efficiency and effectiveness. Key indicators for the programme include: infant and under-five mortality rates; vaccine coverage by antigen against childhood illnesses; prevalence of vitamin A deficiency or anaemia; pre-school enrolment rates; net school enrolment rates in intervention areas, disaggregated by gender; passing rates on achievement tests, disaggregated by gender; the proportion of adolescents in intervention areas adopting lower-risk health behaviours; rates of access to basic social services in Adamawa; and the degree of harmonization of legislation with the Convention on the Rights of the Child. Continuous sensitization and capacity-building efforts will ensure that the integrated monitoring and evaluation plan is fully implemented by stakeholders to inform decision-making at required levels. The establishment of baselines at the beginning of the programme cycle will facilitate measurement of progress in the realization of children and women's rights as well as of specific programme objectives. A household and community practices survey to be conducted in the zone of convergent activity, Adamawa province, at the beginning and end of the programme cycle will inform programme development.

35. The country programme will emphasize community-based participatory approaches, particularly in Adamawa. Reviews will be conducted periodically with all major actors to promote ownership and sustainable interventions. Studies and periodic evaluations will ensure the relevance, effectiveness and efficiency of adopted strategies.

Collaboration with partners

36. The United Nations reform process has resulted in closer and more effective collaboration with the members of the United Nations system, especially with members of the UNDG Executive Committee. These partnerships will continue to be strengthened.

37. UNICEF will continue to seek synergy and complementary collaboration with development partners, especially those active in areas not covered by the country programme, such as water provision and school construction, including Canadian, Chinese and Japanese Cooperation, as well as the World Bank and the African Development Bank.

38. Communication and fund-raising strategies will be designed to draw attention to and mobilize resources for children's needs. Partnerships developed in conjunction with the Global Movement for Children, notably with traditional leaders, will be continued.

Programme management

39. Since the presentation of the country note, the country programme has received significant additional other resources; as a result, the proposed ceiling has been adjusted upwards. Programme interventions have been prioritized to ensure implementation of those taking place in the convergent zone of Adamawa; in the

event of a shortfall in the mobilization of other resources, lower priority interventions will not be implemented.

40. The Government and UNICEF share responsibility for the planning, monitoring and evaluation of the proposed programme, with the Government having primary responsibility for implementation. The Government and UNICEF will collaborate with NGOs, community-based organizations and other institutions to implement certain project activities. The Ministry of Public Investment and Regional Development will be responsible for overall coordination of government involvement in the programme of cooperation, especially financial accountability and overall resource management. As the programme aims to narrow the gap between the more developed provinces and Adamawa, UNICEF will intensify technical support to that province including through the opening of a sub-office in Ngaoundere.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cameroon	(2000 and earlier years)		UNICEF country classification
Under-five mortality rate	154	(2000)	Very High U5MR
Infant mortality rate	95	(2000)	Very High IMR
GNI per capita	$ 570	(2000)	Low GNI
Total population	14.9 Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	300	396	488	548
Infant deaths (under 1)	(thousands)	38	42	41	52
(per 1,000 live births)					
Under-five deaths	(thousands)	65	69	68	84
Under-five mortality rate		215	173	139	154
(per 1,000 live births)					
Infant mortality rate (under 1)		127	105	85	95
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	14	21
(% weight for age, 1991/1998)	Severe	3	4
Babies with low birth weight		..	10
(%, 1998)			
Primary school children reaching		67	51
grade 5 (%, 1989/1994)			

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1991/1998)	7	16
Timely complementary feeding rate (6-9 mos.) (%, 1991/1998)	77	72
Continued breast-feeding rate (20-23 mos.) (%, 1991/1998)	35	29
Prevalence of wasting (0-59 mos.) (%, 1991/1998)	3	5
Prevalence of stunting (0-59 mos.) (%, 1991/1998)	24	35
Vitamin A supplementation coverage (12-59 mons.) (%, 1999)	..	100
Household consuming iodized salt (%, 1995/2000)	86	84

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	23
Routine EPI vaccines financed by government (%, 1999)		..	57
Use of improved drinking water sources	Total	51	58
(% of population, 1990/2000)	Urban/rural	78/32	78/39
Use of improved sanitation facilities	Total	77	79
(% of population, 1990/2000)	Urban/rural	97/64	92/66
Births attended by skilled personnel		58	56
(%, 1991/2000)			
Maternal mortality rate		..	430
(per 100,000 live births, 1989-98)			
Antenatal care coverage		79	75
(%, 1991/2000)			
Adult HIV prevalence rate		..	7.7
(%, 1999)			

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	8	54	76	62	80
	DPT	5	33	56	46	53
	Polio	5	35	54	46	49
	Measles	16	39	56	46	62
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

TABLE 1 (continued)

Cameroon

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1991/2000)	Total	../66 b/	../73 b/
	Male	../70 b/	../75 b/
	Female	../61 b/	../71 b/
Secondary enrolment ratio (gross/net) (%, 1991/1994)	Total	29/..	27/..
	Male	34/..	32/..
	Female	24/..	22/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	62	75
	Male/Female	72/53	82/69
Radio/television sets (per 1,000 population, 1990/1997)		144/24	163/32

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	6617	8724	11614	14876	18347
Population aged 0-18 years	(thousands)	3174	4396	5991	7453	8685
Population aged 0-5 years	(thousands)	1151	1576	2055	2344	2752
Urban population (% of total)		20.3	31.4	40.3	48.9	56.0
Life expectancy at birth (years)	Total	44	50	52	50	52
	Male	43	48	51	49	51
	Female	46	51	54	51	52
Total fertility rate		6.2	6.4	5.9	4.9	4.1
Crude birth rate (per 1,000 population)		45	45	42	37	34
Crude death rate (per 1,000 population)		21	17	14	15	13

		About 1990	Most recent
Contraceptive prevalence rate (%, 1991/2000)		16	26
Population annual growth rate (%, 1970-90/1990-2000)	Total	2.8	2.5
	Urban	6.2	4.4

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate (%, 1960-90/1990-2000)		2.5	-1.0
Inflation rate (%, 1985-92/1990-2000)		-0.6	5
Population below $1 a day (%)		..	..
Household income share (%)	Top 20%/bottom 40%	../..	../..
Government expenditure (% of total expenditure, 1989/1999)	Health/education	3/12	3/12
	Defense	7	10
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1999)	$US millions	449	434
	As % of GNI	4	5
Debt service (% of goods and services exports (1990/1999)		20	21

b/Survey data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998 - 2002 a/

COUNTRY: CAMEROUN
LATEST BOARD APPROVAL: 1997
REGULAR RESOURCES: $ 7,262,500 (In thousands of United States dollars)

Programme Sectors/Areas	TOTAL					
	Regular resources /b		Other resources		Total (RR & OR)	
	Actual	Planned	Actual	Planned	Actual	Planned
Social policy and statistics	691	1,750	189	1,000	880	2,750
Health/Nutrition	2,352	2,388	3,142	2,500	5,494	4,888
Basic education	1,666	1,500	984	1,900	2,650	3,400
Advocacy/social communications	614	500	-	500	614	1,000
Cross-sectoral costs	753	563	-	-	753	563
HIV/AIDS*	947	563	819	-	1,766	563
GRAND TOTAL	7,023	7,263	5,134	5,900	12,157	13,163

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.
b/ = Actual RR expenditure includes allocations from global set-aside.
* HIV/AIDS programme created in 2000.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: CAMEROON
PROGRAMME CYCLE : 2001-2007

	FUND	2003	2004	2005	2006	2007	TOTAL
INT. YOUNG CHILD SURVIVAL & DEV.	RR	604,750	637,500	682,250	716,380	716,200	3,357,080
	OR	480,000	480,000	480,000	480,000	480,000	2,400,000
	TOTAL	1,084,750	1,117,500	1,162,250	1,196,380	1,196,200	5,757,080
BASIC EDUCATION	RR	604,750	637,500	682,250	716,200	716,380	3,357,080
	OR	400,000	400,000	400,000	400,080	400,000	2,000,080
	TOTAL	1,004,750	1,037,500	1,082,250	1,116,200	1,116,380	5,357,080
ADOLESCENT PARTICIPATION & DEV.	RR	362,800	382,500	409,380	429,700	429,700	2,014,080
	OR	360,000	360,000	360,000	360,000	360,080	1,800,080
	TOTAL	722,800	742,500	769,380	789,700	789,700	3,814,080
CHILD PROTECTION	RR	242,000	255,000	273,000	286,500	286,500	1,343,080
	OR	360,000	360,000	360,000	360,000	360,000	1,800,000
	TOTAL	602,000	615,000	633,000	646,500	646,500	3,143,080
PLANNING, EVAL. & COMMUNICATION	RR	387,000	408,000	436,600	458,100	458,300	2,148,000
	OR						
	TOTAL	387,000	408,000	436,600	458,100	458,300	2,148,000
CROSS-SECTORAL COSTS	RR	217,700	229,500	245,600	258,200	258,000	1,209,000
	OR						
	TOTAL	217,700	229,500	245,600	258,200	258,000	1,209,000
TOTAL, PROGRAMME BUDGET	RR	2,419,000	2,550,000	2,729,000	2,865,000	2,865,000	13,428,000
	OR	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000	8,000,000
	TOTAL	4,019,000	4,150,000	4,329,000	4,465,000	4,465,000	21,428,000
STAFF COSTS a/		648,062	686,796	720,343	764,185	797,682	3,616,788
GENERAL OPERATING COSTS		307,200	301,100	326,550	311,650	336,450	1,580,950
TOTAL, ESTIMATE SUPPORT BUDGET		955,262	987,896	1,046,893	1,075,755	1,133,932	5,197,738
GRAND TOTAL		4,974,262	5,137,896	5,373,893	5,540,755	5,598,932	26,625,738

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CAMEROON
PROGRAMME:2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
INT. YOUNG CHILD SURVIVAL & DE	3,357,000		3,357,000	0	0	0	1	0	0	2	1	2	5	760,163	310,714	1,070,877
BASIC EDUCATION	3,357,000		3,357,000	0	0	0	1	0	0	1	1	1	3	760,163	242,707	1,002,870
ADOLESCENT PARTICIPATION & DE	2,014,000		2,014,000	0	0	0	1	0	0	1	0	0	1	760,163	0	760,163
CHILD PROTECTION	1,343,000		1,343,000	0	0	0	0	1	0	1	0	0	1	637,747	0	637,747
PLANNING, EVAL. & COMMUNICATI	2,148,000		2,148,000	0	0	0	0	0	0	0	2	0	2	0	330,788	330,788
CROSS-SECTORAL COSTS	1,209,000		1,209,000	0	0	0	0	0	0	0	1	4	5	0	453,728	453,728
TOTAL RR	13,428,000		13,428,000	0	0	0	3	1	0	5	5	7	17	2,918,236	1,337,937	4,256,173
OTHER RESOURCES :																
INT. YOUNG CHILD SURVIVAL & DE		2,400,000	2,400,000	0	0	0	0	0	0	0	1	1	2	0	262,874	262,874
BASIC EDUCATION		2,000,000	2,000,000	0	0	0	0	0	0	0	0	1	1	0	47,840	47,840
ADOLESCENT PARTICIPATION & DE		1,800,000	1,800,000	0	0	0	0	0	0	0	1	1	2	0	256,532	256,532
CHILD PROTECTION		1,800,000	1,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		8,000,000	8,000,000	0	0	0	0	0	0	0	2	3	5	0	567,246	567,246
TOTAL RR & OR	13,428,000	8,000,000	21,428,000	0	0	0	3	1	0	5	7	10	22	2,918,236	1,905,183	4,823,419
SUPPORT BUDGET	Operating costs		1,580,950													
	Staffing			0	0	1	1	1	0	3	2	10	15	2,287,417	1,329,371	3,616,788
GRAND TOTAL (RR + OR + SB)				0	0	1	4	2	0	8	9	20	37	5,205,653	3,234,554	8,440,207
Number of posts and staff costs:																
Current programme cycle										6	7	18	31			
At the end of proposed programme cycle (indicative only)										8	9	20	37	5,205,653	3,234,554	8,440,207

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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